

Name
in
Full

Littleton Henry Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

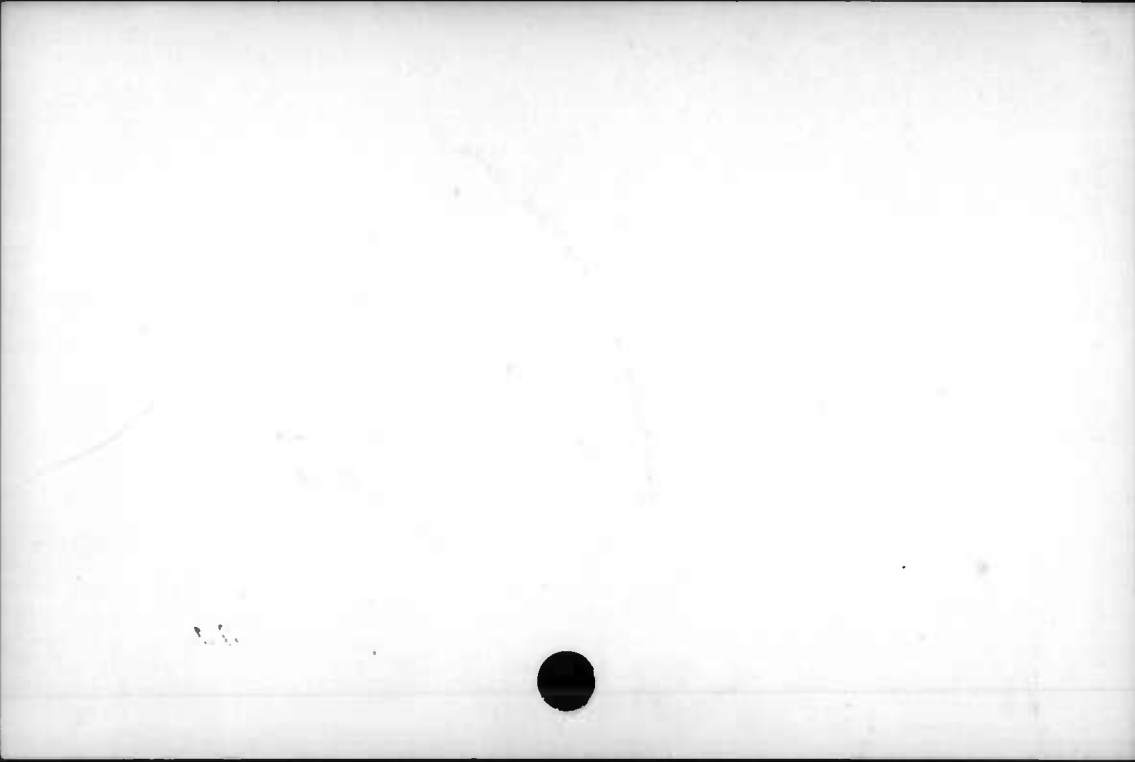
Died at <i>Knips Corn</i>		Town		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Nov</i>	Day	<i>3</i>	Age	<i>55</i>
Sex	<i>male</i>		Color or Race	<i>Black</i>		Birth-place	<i>md.</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death				
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband <i>Susan Adams.</i>				
Father's Name	<i>Frank Adams</i>					Father's Birthplace	<i>md.</i>
Mother's Maiden Name	<i>Jane Hargis</i>					Mother's Birthplace	<i>md.</i>
Name of person giving information	<i>Susan Adams</i>					How related to deceased	<i>wife</i>

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Probably ruptured blood vessel from exertion</i>	How long <i>Sudden.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas. F. Fisher M.D.</i>
<i>yes.</i>	Address <i>Princeton, N.J.</i>
Accident or Suicide?	<i>Became paralyzed while shouting,</i>



Name
in
Full

No Name

Ballard

CERTIFICATE OF DEATH

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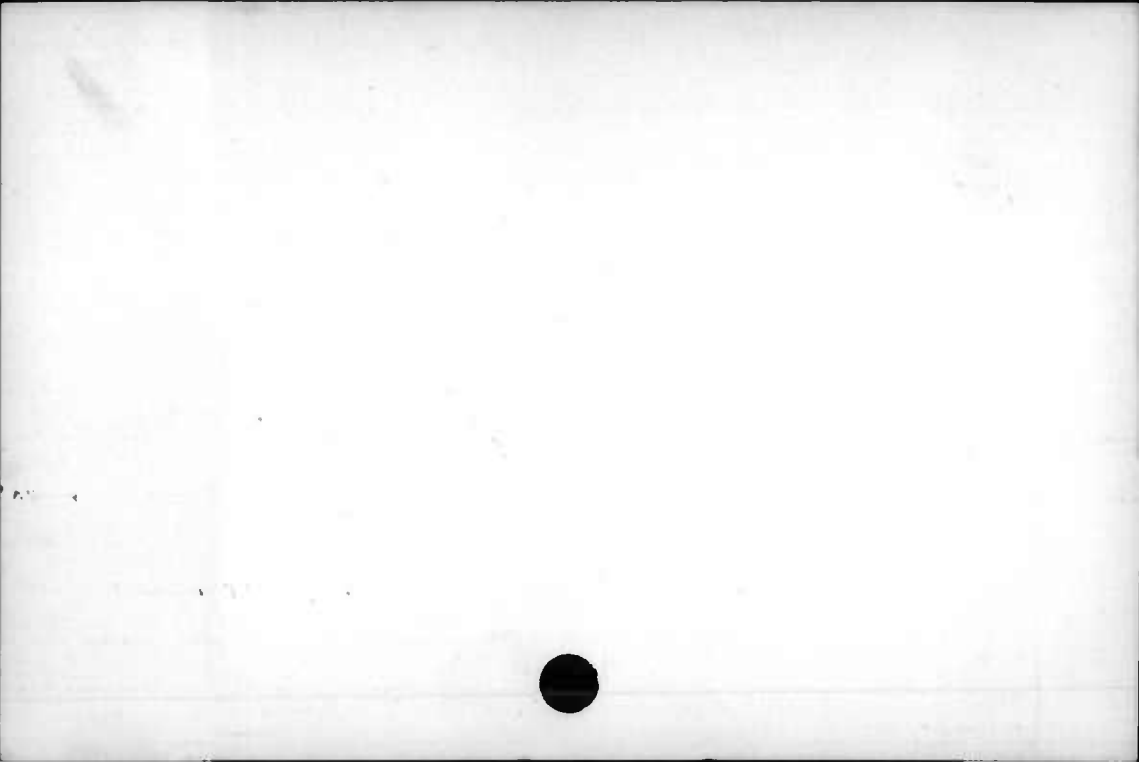
Died at <i>Rehobeth</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov</i>	Day <i>17</i>	Age <i>—</i>	Months <i>—</i>	Days <i>8</i>
Sex <i>Male</i>	Color or Race <i>African</i>		Birth-place <i>Md.</i>		
Occupation <i>Infant</i>	Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>William Ballard</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Laura Jane Regnier</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>William Ballard</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>3 to 4 days.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. W. Riddle</i>
	Address <i>Sub. reg. Dublin Dist</i>
Accident or Suicide?	



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Inverness		Somerset		MARYLAND			
		Date of death		1907	Month Nov	Day 15	Age	Years 3	Months	Days	
		Sex		Male		Color or Race		White		Birth-place	Fairmount
		Occupation				Where Residing if not at place of death					
		Married, Single or Widowed				Name of Wife or Husband					
		Father's Name				Father's Birthplace					
		Mother's Maiden Name				Mother's Birthplace					
		Name of person giving information				How related to deceased					
PHYSICIAN OR CORONER		CAUSES OF DEATH									
		Primary				How long					
		Croup				8 days					
		Immediate				How long					
		Diphtheria				1 day					
6		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician					
		Yes				Address					
						Upper Fairmount					
		Accident or Suicide?				Evel					

L. W. London
London, Ohio
Ind



Name
in
Full

Orramel Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Bedworth		Somerset		MARYLAND	
Date of death		1907	Nov	1	Age	44	Months
Sex		Male		Color or Race		Black	
Occupation		—		Where Residing if not at place of death		Bedworth	
Married, Single or Widowed		—		Name of Wife or Husband		—	
Father's Name		Arthur Henry Brown		Father's Birthplace		Criffield Ws	
Mother's Maiden Name		Jessie Peyton Huddy		Mother's Birthplace		Criffield Ws	
Name of person giving information		Jesse P. Brown		How related to deceased		Mother	

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	Enterocolitis	How long	3 months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		W. F. Heale	
Address		Criffield Ws	
Accident or Suicide?			

.....

100

1. 2

Name
In
Full

Edward Gale

CERTIFICATE OF DEATH

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NEAREST FRIEND

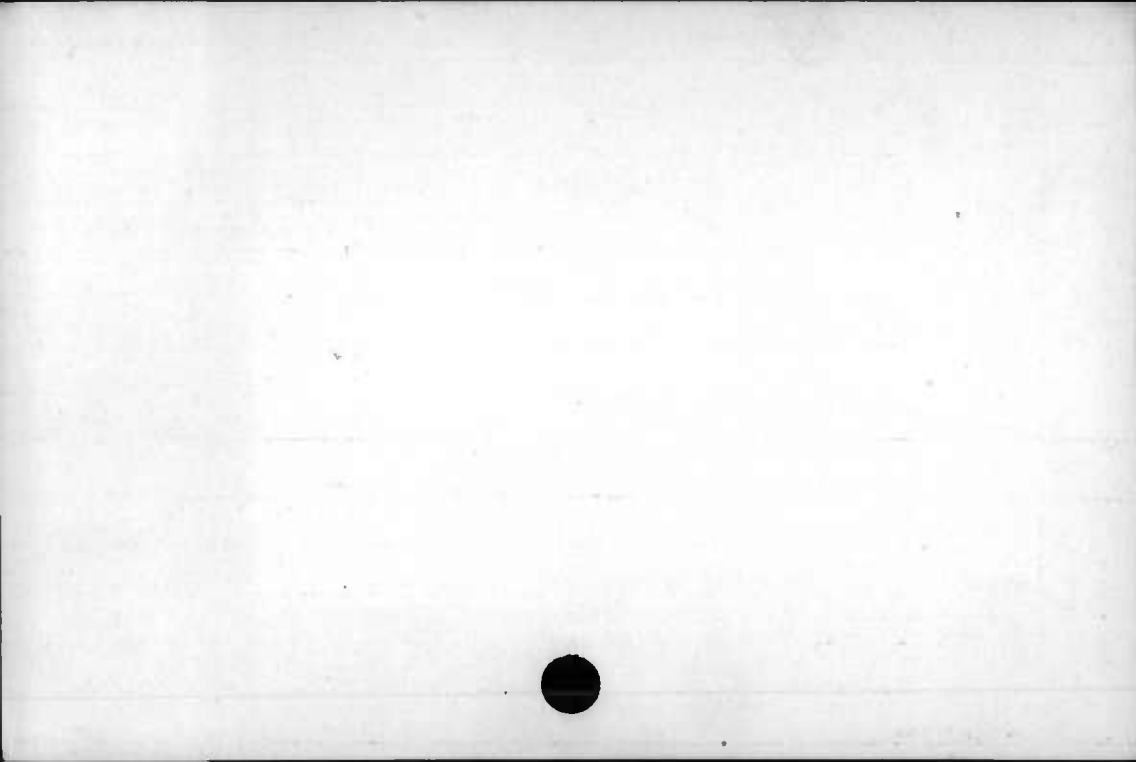
Died at		Lewisfield		Somerset		MARYLAND	
Date of death		1907	Month	Day	Age	Years	Months
Sex		Male		Color or Race		Colored	
Occupation		Waiter		Birth-place		Md	
Where Residing if not at place of death		Lewisfield. Md		Married, Single or Widowed		named	
Name of Wils or Husband		Mary H. Gale		Father's Name		Mr. Ramm	
Mother's Maiden Name		H		Father's Birthplace		Ramm	
Name of person giving information		G. T. Simonsen		Mother's Birthplace		"	
How related to deceased		None		Name of person giving information		G. T. Simonsen	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		Acute Indigestion	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		G. T. Simonsen	
Address		Lewisfield. Md	
Accident or Suicide?		No	



Name
in
Full

John I Hope

CERTIFICATE OF DEATH

Town

Died near Pocomoke

County

Somerset

MARYLAND

Date

of death 1907 Nov.

Month

Day

5

Age

Years

67

Months

3

Days

Sex

Male

Color or
Race

White

Birth-
place

Accomacbs Va

Occupation

Farmer

Where Residing if not
at place of death

at place of death

Married, ~~S~~Name of Wife or
Husband

Kate Lewis

Father's
Name

William I Hope

Father's
Birthplace

Accomacbs Va

Mother's
Maiden Name

Jane Miles

Mother's
Birthplace

Accomacbs Va

Name of person giving
Information

Kate Hope

How related
to deceased

Wife

CAUSES OF DEATH

45

Primary

Cancer

How long

about 3 years

Immediate

Failure of vital forces

How long

one week

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

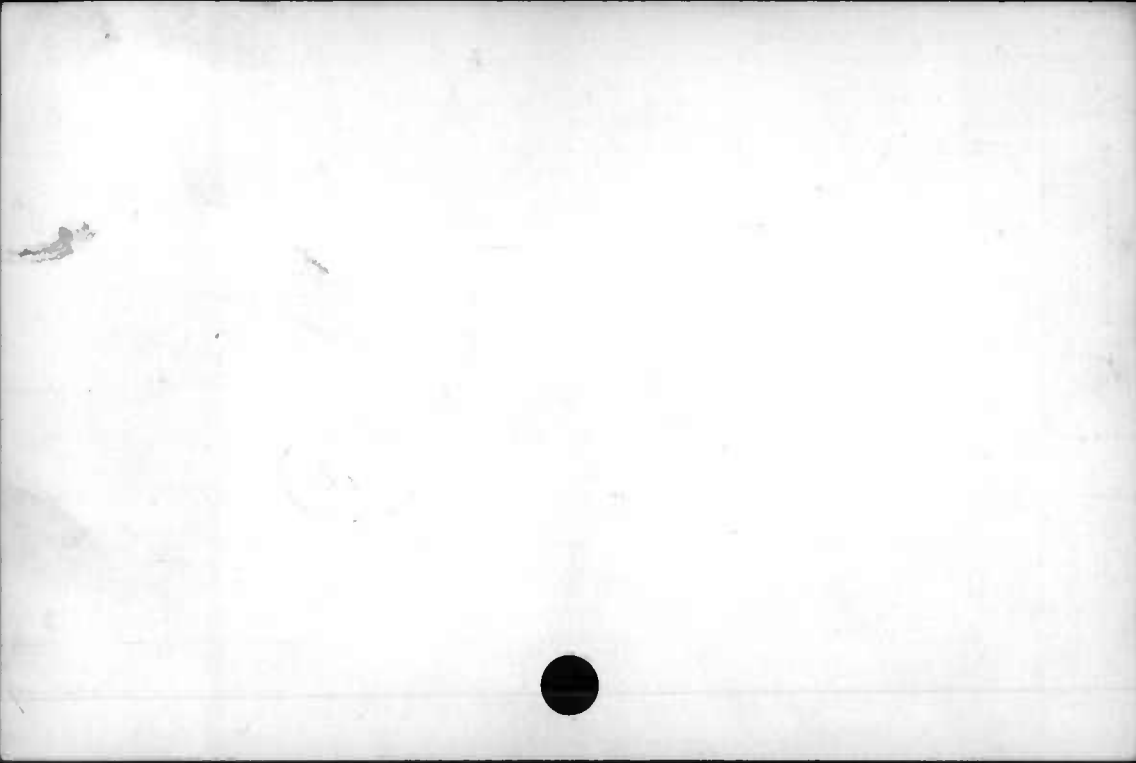
J I Costers

Address

Pocomoke Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
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Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

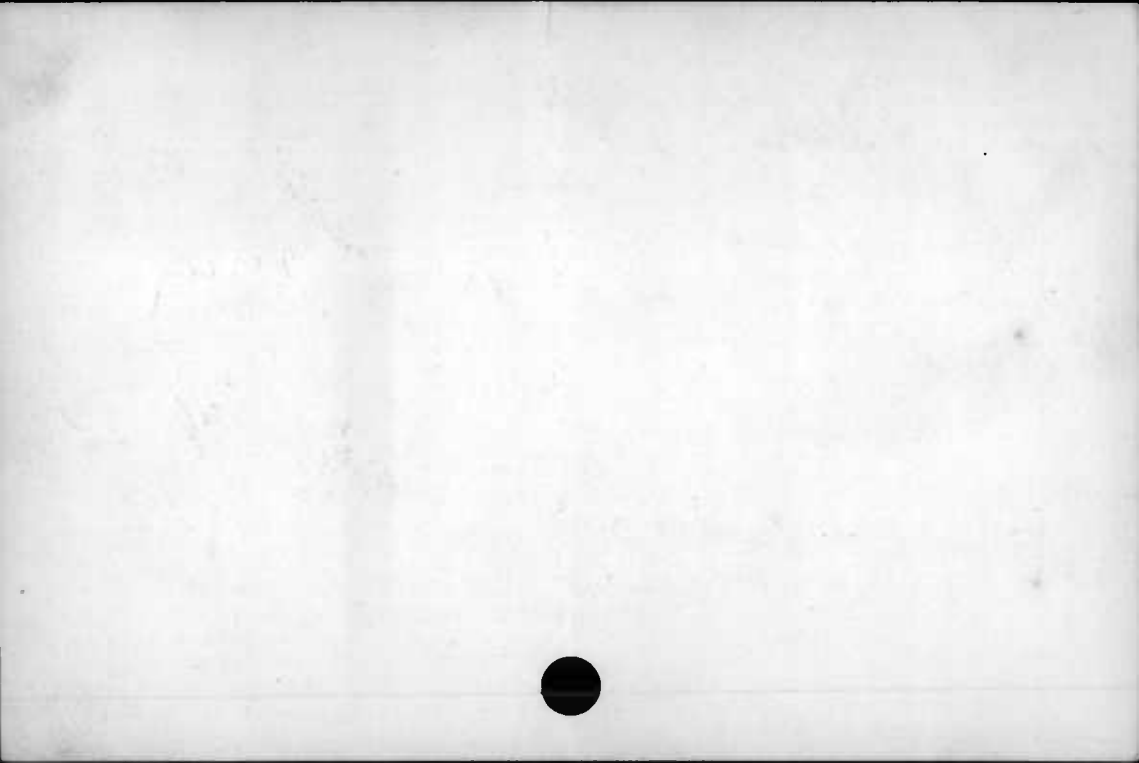
Died at <i>Chance</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>8th</i>	Day <i>21st</i>	Age <i>74</i> Years	Months <i>8</i> Days <i>18</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elizabeth Jones</i>				
Father's Name <i>Jacob Jones</i>	<i>X</i>		Father's Birthplace <i>Mid</i>		
Mother's Maiden Name <i>Don't know</i>	<i>X</i>		Mother's Birthplace <i>X</i>		
Name of person giving information <i>Richard Emis</i>	<i>X</i>		How related to deceased <i>Step Son</i>		

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	<i>diarrhoea</i>	How long	<i>8 mos.</i>
Immediate	<i>asthma</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>S. J. Windsor, M.D.</i>
		Address	<i>Home Street, Somerset Co., Md.</i>
Accident or Suicide?	<i>no</i>		



Name
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Edward R. Lowe

CERTIFICATE OF DEATH

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NEAREST FRIEND

MARYLAND

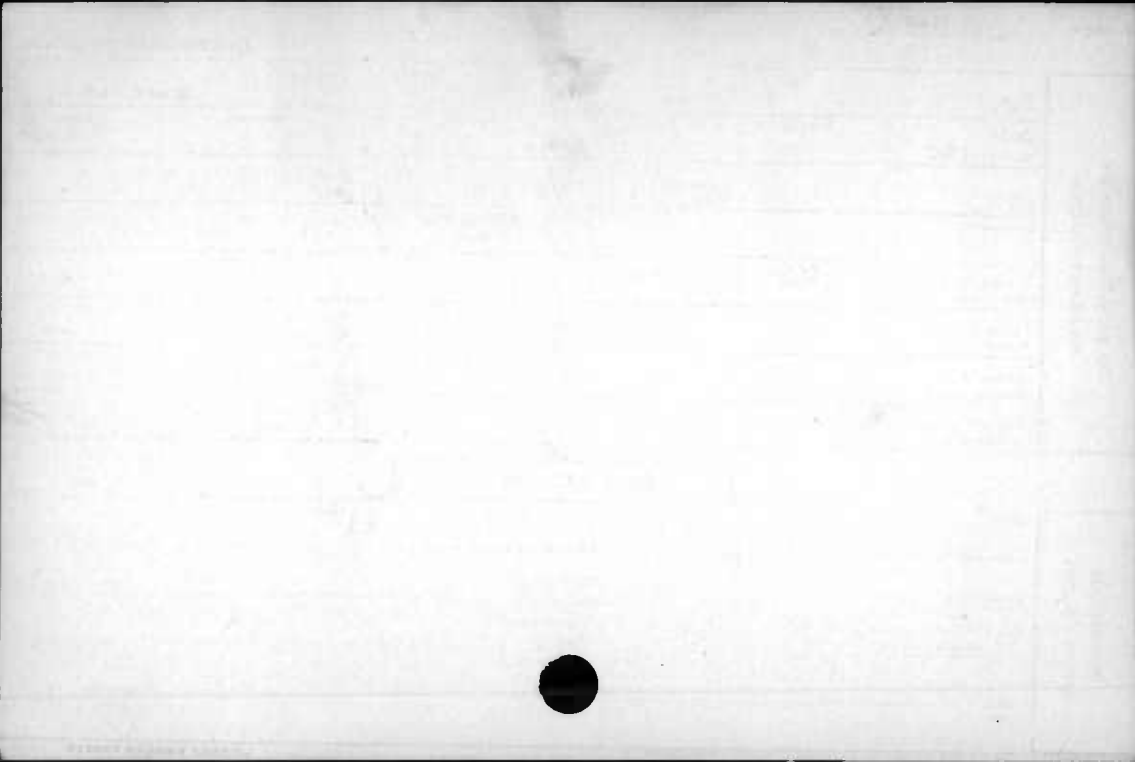
Died at <u>Crisfield</u> ^{Town}		<u>Somerset</u> ^{County}			
Date of death	1907	Month	Nov	Day	4
Age		Years	24	Months	
Sex	Male	Color or Race	White	Birth-place	Crisfield
Occupation	Insurance	Where Residing if not at place of death		Crisfield Md	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Byrd Whitt Lowe			Father's Birthplace	Northumberland, Va
Mother's Maiden Name	Alice Byrd			Mother's Birthplace	Crisfield Md
Name of person in information	Whitt Lowe			How related to deceased	Father

CAUSES OF DEATH

(79)

PHYSICIAN
OR CORONER

Primary Cause of Death	Rheumatism - Mitral Regurgitation		How long	Don't know
Immediate Cause of Death	Mitral Regurg & Cardiac Distention		How long	For some time
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Wm H. Coulbourn
			Address	Crisfield, Md
Accident or Suicide?	No			



Name
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CERTIFICATE OF DEATH

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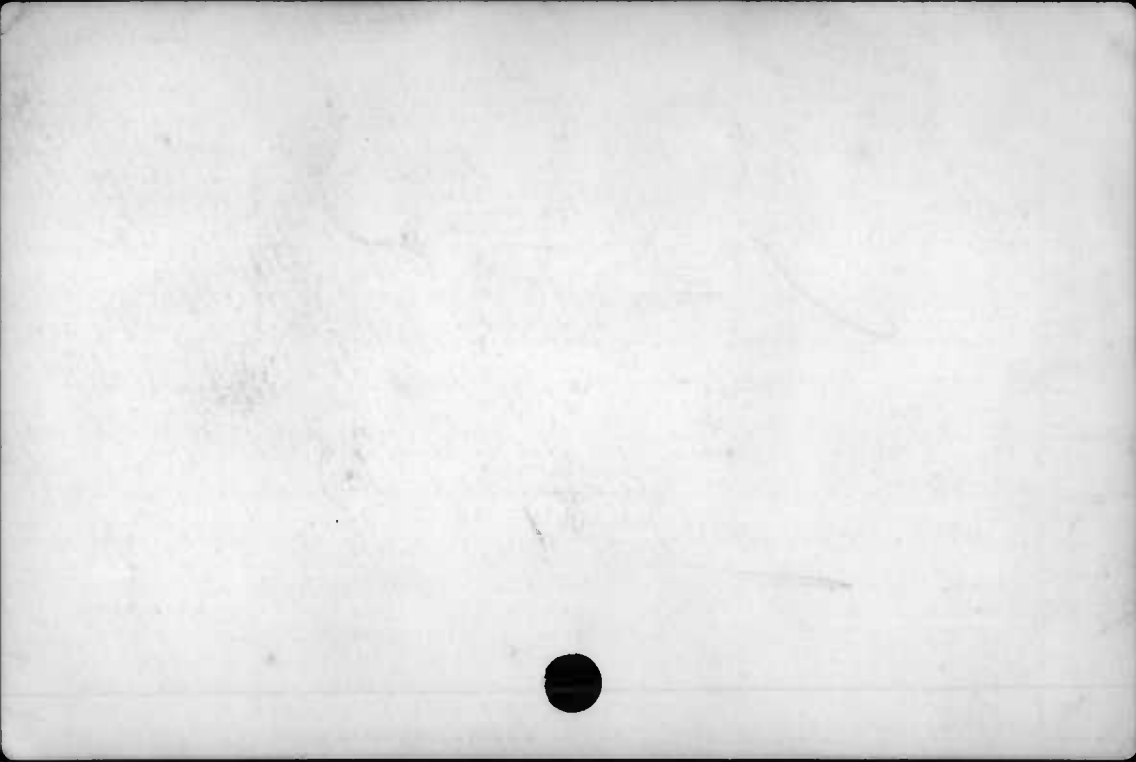
Lafayette		Hutton McCreedy		Bedsouth		Somerset		MARYLAND	
Died at		Town		County					
Date of death		1907		Month		Nov.		Day	
		5		Age		1		Years	
		4				Months		24	
Sex		Male		Color or Race		White		Birth place	
		Bedsouth							
Occupation		none		Where Residing if not at place of death		--			
Married, Single or Widowed		single		Name of Wife or Husband					
Father's Name		Francis A. McCreedy		Father's Birthplace		Md			
Mother's Maiden Name		Nancy Bell Hutton		Mother's Birthplace		Gwynne Md			
Name of person giving information		Nancy B McCreedy		How related to deceased		mother			

CAUSES OF DEATH

(6)

PHYSICIAN
OR CORONER

Primary	Measles	How long	6 days
Immediate	Pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W F Keel
		Address	Crisfield Md
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

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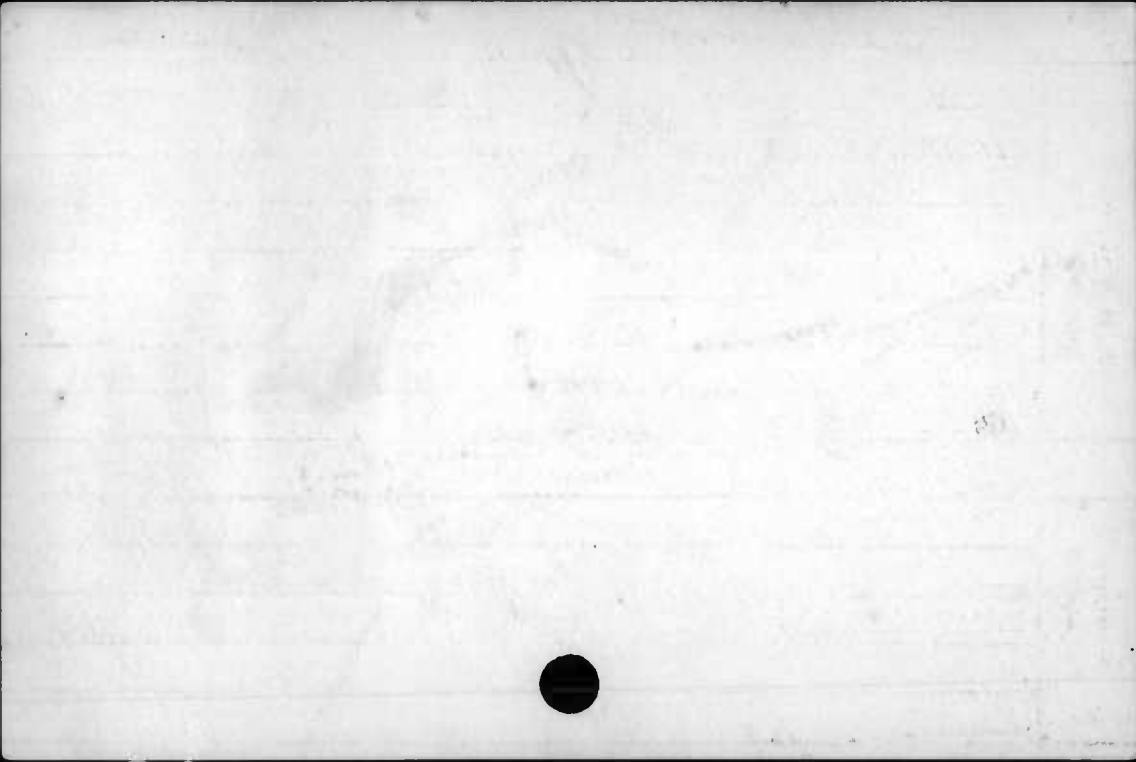
Died at <i>Elisfield</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death <i>1907</i>		Month <i>11</i>	Day <i>24</i>	Age <i>2</i> ^{Years}	Months <i>6</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>William Nelson</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Judie Hoffman</i>		Mother's Birthplace <i>Va</i>			
Name of person giving information <i>G. V. Simonson</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

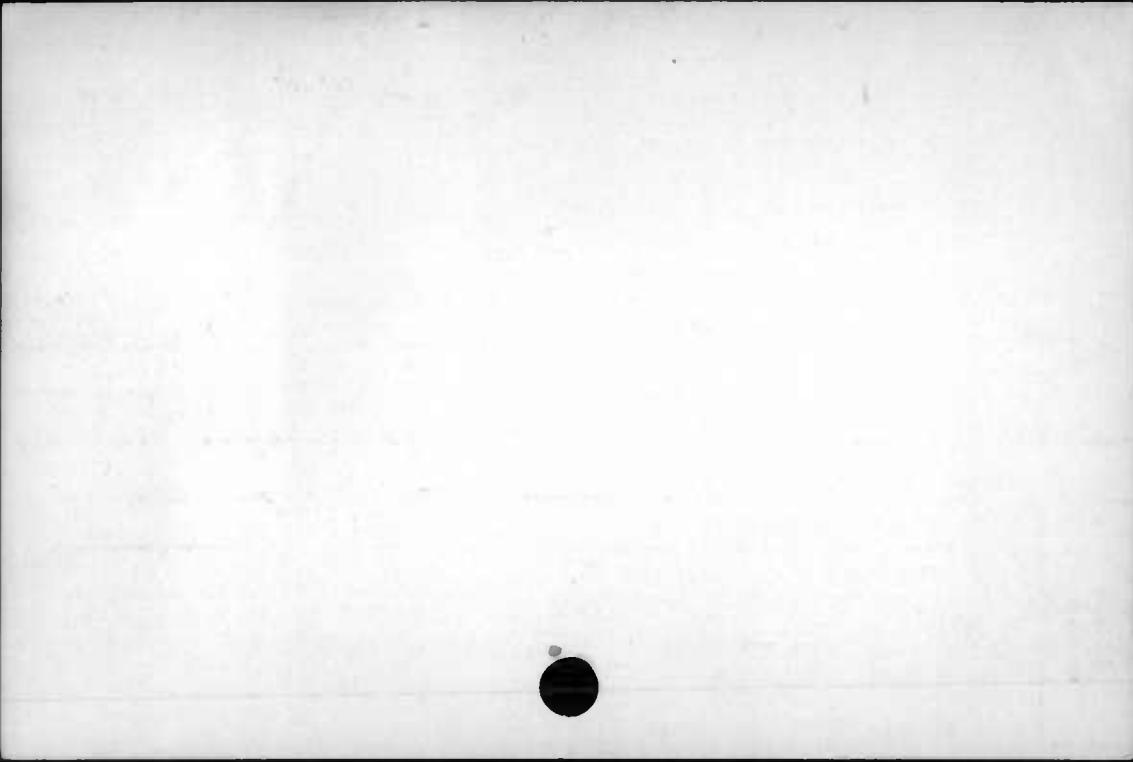
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PHYSICIAN
OR CORONER

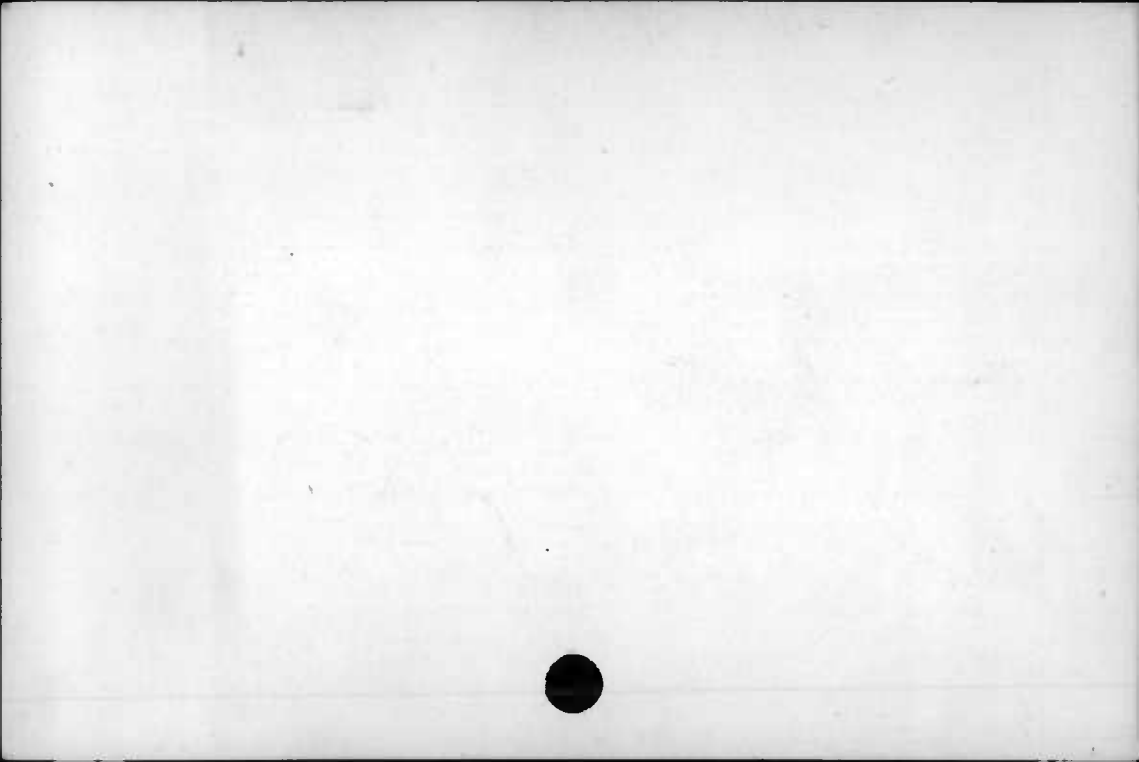
Primary <i>Measles</i>	How long <i>8 days</i>
Immediate <i>Broncho-Pneumonia</i>	How long <i>6 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. V. Simonson</i>
	Address <i>Elisfield Md</i>
Accident or Suicide?	



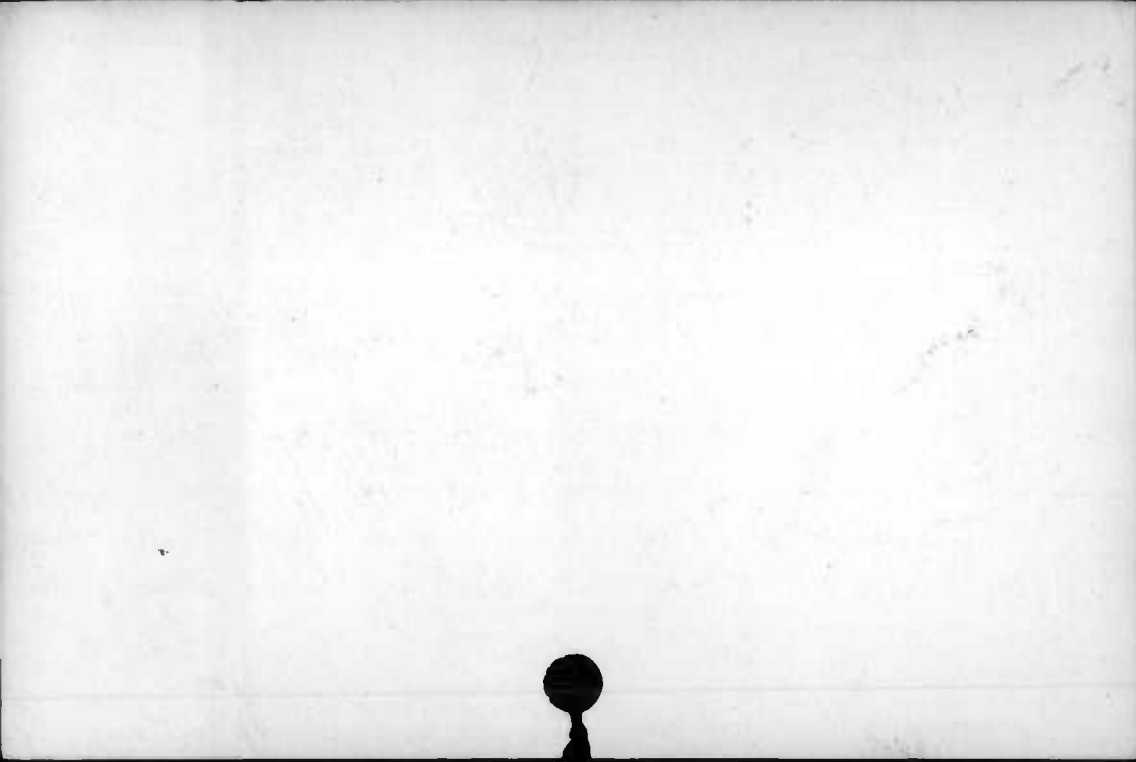
Name in Full		Town				County		CERTIFICATE OF DEATH					
Scott Parker		Cedar Lawn Farm				Somerset		MARYLAND					
Died at		Date of death		Month		Day		Years		Months		Days	
1907		Nov.		4th		Age		22		1		2	
Sex		Male		Color or Race		White		Birth-place		Wicomico Co. Md.			
Occupation		Farmer		Where Residing if not at place of death									
Married, Single or Widowed		Single		Name of Wife or Husband		None							
Father's Name		Geo. E. S. Parker		Father's Birthplace		Md.							
Mother's Maiden Name		Ellen Calloway		Mother's Birthplace									
Name of person giving Information		Robert T. P. Hitch		How related to deceased		None							
CAUSES OF DEATH													
Primary		Typhoid fever		How long		8 days							
Immediate		Pistol Shot		How long									
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		J. J. S. Long Allentown							
Accident or Suicide?													



Name in Full		Certificate of Death			
Lurrie Reed		Bedworth		Somerset	
Died at		Town		County	
Date of death		Month		Years	
1907		Nov		2	
Sex		Color or Race		Birth-place	
Female		Blues		Griffith Md	
Occupation		Where Residing if not at place of death			
Optician					
Married, Single or Widowed		Name of Wife or Husband			
married		Ernest Reed			
Father's Name		Father's Birthplace			
Smith Horsey		Somerset Md			
Mother's Maiden Name		Mother's Birthplace			
Melissa Horsey		Bedworth			
Name of person giving information		How related to deceased			
		CAUSES OF DEATH		27	
Primary		How long			
Pulmon. Consumption		6 months			
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		W. F. Heall			
		Address			
		Griffith Md			
Accident or Suicide?					



Name in Full		Town				County		CERTIFICATE OF DEATH	
Valeria Biggin		Cusfield		Somerset		MARYLAND			
Died at		Date of death		Month		Day		Years	
1907		Nov		23		Age		21	
Sex		Female		Color or Race		White		Birth-place	
Cusfield		Occupation		Scamstress		Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		Cornelius E. Biggin		Father's Birthplace		Somerset Co			
Mother's Maiden Name		Susie Adams		Mother's Birthplace		Somerset Co			
Name of person giving information		Mrs Biggin		How related to deceased		Brother			
CAUSES OF DEATH									
Primary		Measles				How long		1 week	
Immediate		Left lung from				How long		2 weeks	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				C. E. Collier			
		Address				Cusfield Md			
Accident or Suicide?									



Name
in
Full

Virginia Tyler

CERTIFICATE OF DEATH

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NEAREST FRIEND

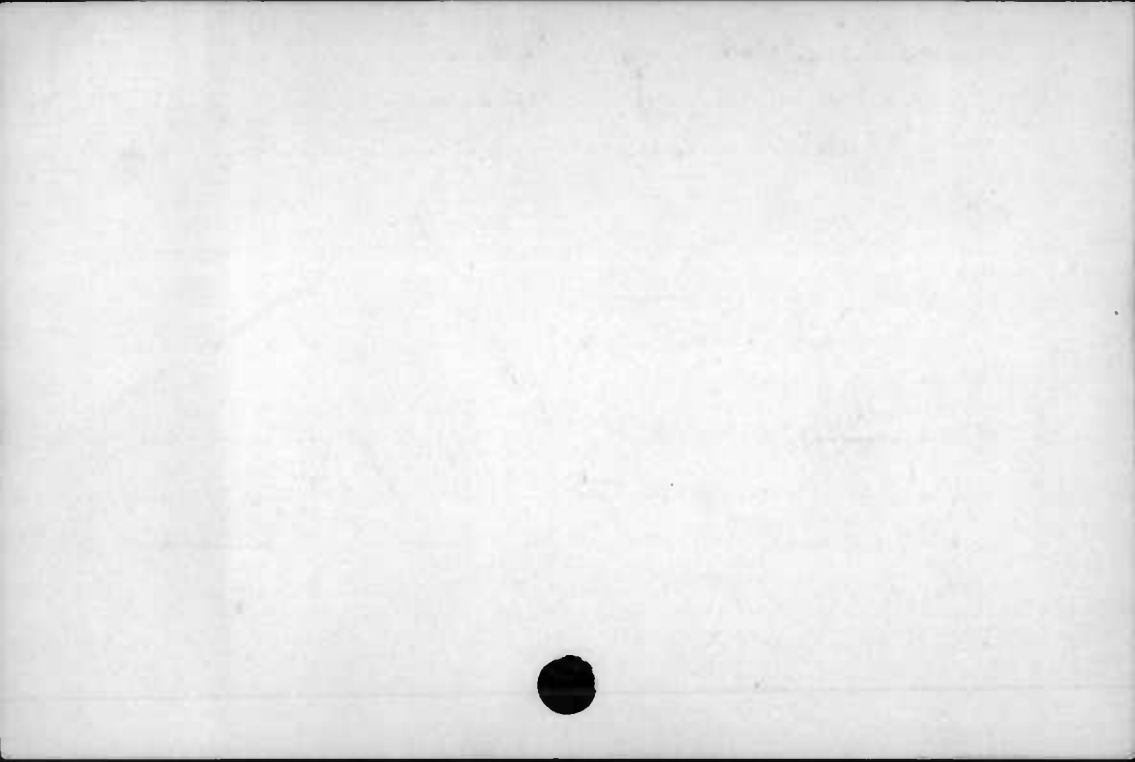
Died at <u>Exwell</u> ^{Town}		<u>Somerset</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month} <u>Nov</u> ^{Day} <u>13</u> ^{Years} <u>68</u>		Months		Days	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Smith's Island</u>			
Occupation <u>Housework</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Severn Tyler</u>				
Father's Name <u>Levin Plechert</u>	Father's Birthplace <u>Virginia</u>				
Mother's Maiden Name <u>Sallie Tyler</u>	Mother's Birthplace <u>Hairmsent</u>				
Name of person giving Information <u>Daniel S. Somers</u>		How related to deceased <u>Son-in-law</u>			

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary <u>Acute dysentery</u>	How long <u>3 weeks</u>
Immediate <u>Septicemia</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>R. H. James</u>
	Address <u>Exwell Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mr Vernon</i>		Town <i>Town</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Nov</i>		Day <i>21</i>		Age <i>19</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Mr Vernon</i>			
Occupation <i>None</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>James Wilson</i>				Father's Birthplace <i>St Peter</i>			
Mother's Maiden Name <i>Sarah Hopkins</i>				Mother's Birthplace <i>Mr Vernon</i>			
Name of person giving information <i>James Wilson</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Natural Causes</i>		How long <i>from birth</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. R. Marsh Sub Registrar</i>	
		Address <i>Kincus Anne</i>	
Accident or Suicide?		<i>Route 42</i>	

